

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/743840 FILING DATE

APPLICANT(S):

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2	1			
3	1			
4	1			
5	1			
6	1			
7	1			
8	1			
9	1			
10	1			
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97				
98				
99				
100				
TOTAL IND.	2	2		
TOTAL DEP.	19	19		
TOTAL CLAIMS	21	21		

	*					
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS